JUSTIFICATION LETTER FORM

Company/Campus Department Name: _____

Contact Name: _____ Phone: _____

This letter belongs with application submitted on: _____ (Date)

Permit type requested: _____

1. Describe your project/need:

2. Where is the project located:

3. Duration of project:

4. How frequently will you be using the permit?
   List how many times a week or month you will be using it.

5. Why would a regular vendor/business permit not meet your need? Explain why you need additional access?

You will need to print out this page and e-mail to parkingpermits@colorado.edu or fax to 303-492-6116.